

County: Dodge

Facility ID: 5390

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MAYVILLE NURSING REHAB CENTER

305 S CLARK ST

MAYVILLE 53050 Phone:(920) 387-0354

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 102

Total Licensed Bed Capacity (12/31/04): 102

Number of Residents on 12/31/04: 99

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 98

Corporation

Skilled

No

Yes

Yes

98

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		47.5	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		43.4	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	4.0	More Than 4 Years		9.1	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	14.1	65 - 74	2.0			-----	
Day Services	No	Mental Illness (Other)	1.0	75 - 84	29.3			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	1.0	85 - 94	54.5	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	10.1	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	2.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	1.0		100.0	(12/31/04)			
Home Delivered Meals	Yes	Cardiovascular	16.2	65 & Over	96.0	-----			
Other Meals	No	Cerebrovascular	13.1		-----	RNs		7.9	
Transportation	No	Diabetes	7.1	Gender	%	LPNs		12.9	
Referral Service	No	Respiratory	6.1		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	37.4	Male	28.3	Aides, & Orderlies			
Provide Day Programming for				Female	71.7	38.3			
Mentally Ill	No	-----	-----		-----				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	6.6	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.0
Skilled Care	18	100.0	316	55	90.2	115	2	100.0	115	18	100.0	180	0	0.0	0	0	0.0	0	93	93.9
Intermediate	---	---	---	2	3.3	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		61	100.0		2	100.0		18	100.0		0	0.0		0	0.0		99	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	13.9	Bathing	0.0	97.0	3.0	99
Private Home/With Home Health	0.0	Dressing	14.1	82.8	3.0	99
Other Nursing Homes	0.0	Transferring	23.2	67.7	9.1	99
Acute Care Hospitals	77.8	Toilet Use	19.2	75.8	5.1	99
Psych. Hosp.-MR/DD Facilities	0.0	Eating	62.6	32.3	5.1	99
Rehabilitation Hospitals	0.0	*****				
Other Locations	8.2					
Total Number of Admissions	158	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		9.1
Private Home/No Home Health	39.0	Occ/Freq. Incontinent of Bladder	53.5	Receiving Tracheostomy Care		1.0
Private Home/With Home Health	4.4	Occ/Freq. Incontinent of Bowel	27.3	Receiving Suctioning		2.0
Other Nursing Homes	8.2			Receiving Ostomy Care		5.1
Acute Care Hospitals	11.9	Mobility		Receiving Tube Feeding		4.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.0	Receiving Mechanically Altered Diets		39.4
Rehabilitation Hospitals	0.0					
Other Locations	3.1	Skin Care		Other Resident Characteristics		
Deaths	33.3	With Pressure Sores	7.1	Have Advance Directives		43.4
Total Number of Discharges		With Rashes	4.0	Medications		
(Including Deaths)	159			Receiving Psychoactive Drugs		46.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	84.2	1.14	86.9	1.10	87.7	1.09	88.8	1.08
Current Residents from In-County	84.8	76.9	1.10	80.4	1.06	70.1	1.21	77.4	1.10
Admissions from In-County, Still Residing	26.6	19.0	1.40	23.2	1.15	21.3	1.25	19.4	1.37
Admissions/Average Daily Census	161.2	161.6	1.00	122.8	1.31	116.7	1.38	146.5	1.10
Discharges/Average Daily Census	162.2	161.5	1.00	125.2	1.30	117.9	1.38	148.0	1.10
Discharges To Private Residence/Average Daily Census	70.4	70.9	0.99	54.7	1.29	49.0	1.44	66.9	1.05
Residents Receiving Skilled Care	98.0	95.5	1.03	96.9	1.01	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	96.0	93.5	1.03	92.2	1.04	92.7	1.03	87.9	1.09
Title 19 (Medicaid) Funded Residents	61.6	65.3	0.94	67.9	0.91	68.9	0.89	66.1	0.93
Private Pay Funded Residents	18.2	18.2	1.00	18.8	0.97	19.5	0.93	20.6	0.88
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	15.2	28.5	0.53	37.7	0.40	36.0	0.42	33.6	0.45
General Medical Service Residents	37.4	28.9	1.29	25.4	1.47	25.3	1.48	21.1	1.77
Impaired ADL (Mean)	40.8	48.8	0.84	49.7	0.82	48.1	0.85	49.4	0.83
Psychological Problems	46.5	59.8	0.78	62.2	0.75	61.7	0.75	57.7	0.81
Nursing Care Required (Mean)	9.0	6.5	1.39	7.5	1.20	7.2	1.24	7.4	1.21